

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

*phone
& mail
only*

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: JP Consulting
BUSINESS STREET ADDRESS: 14421 SW 28 ST ZIP 33325
BUSINESS MAILING ADDRESS: Same ZIP _____
BUSINESS PHONE: 476-2515
DESCRIBE TYPE OF BUSINESS: Educational Consultant
BUSINESS IS: Corporation _____ Sole Proprietor ☒ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>JUDY PAUL</u>	<u>Same</u>		<u>Same</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

JUDY PAUL

Print Owner or Officers Name and Title

Judy Paul
Signature of Owner or Officer

Office Use Only: Date 11/15/01 Category 04200 Fee Exempt Per Sec. 13-13 _____
Fee \$8.25 Rec# _____ New _____ Trans _____
License # 02-16010 Control # 13391 Zoning R-1
Council approval Required ☒ Yes _____ No _____ Zoning Approval John Date 11/20/01
own Council Date _____ Approved _____ Denied _____
abled To _____ Approved _____ Denied _____

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION